

Save Time and Register by Mail

REGISTRATION

Registration can be completed via mail by simply sending in the registration form with payment to the Recreation Office. If you prefer to register in person the following dates will be available:

Sat. Oct. 10 @ Rec. Office 6:30pm-8:30pm
Sat. Oct. 17 @ Rec. Office 6:30pm-8:30pm

Please make sure to register by no later than November 10th so we can ensure that your child is placed on a team. Last year we had 200+ enrolled in the program.

All participants, from all skill levels, are welcome. Late registrants can be taken at the field house on session dates and times. Please make sure to register ASAP.

Parental/Guardianship authorization is required to participate in the program.

Fee(s):

\$30.00 for returning players (no jersey)
\$50.00 for players that need to purchase a reversible jersey

SCHOLARSHIPS

There will be limited scholarship opportunities for some youth that are in need. Please make sure to go to Rec office during one of the listed

times to fill out necessary forms when handling registration.

Boys Basketball League 2007-2008

Come Join a Great Tradition and Continue to Build on Your Own Leadership, Team, and Life skills.

1. This year's program will run from November into March. We will start with a few weeks of skill development to re-enforce the fundamentals of the game before moving into games.

2. We strive to work hard, have fun, and use every experience as an opportunity to learn and improve ourselves as individuals and athletes in a team environment.

PROGRAM TIMES

9:30 am – 10:45 am (8 & 9 year olds)
10:45 am – 12:00 pm (10 & 11 year olds)
12:30 pm – 1:45 pm (12 & 13 year olds)
2:00 pm – 3:15 pm (14 – 16 year olds)

***** Parent Meeting Will be held on November 17th, 2007. The time for the meeting(s) are 10am for 8 to 11 year olds and 12pm for 12 to 16 year olds. *****

Somerville Recreation Commission

19 Walnut Street
Somerville, MA 02143
Phone (617) 625-6600 ext 2980



Boys

Ages: 8 – 16

When: Saturdays
(November – March)

Where: Somerville High
School Fieldhouse

Register Now!!!

If you are also looking to join the staff as a volunteer please fill out the volunteer application at the recreation office. We will also be hiring paid staff this year; you must be at least 16 years of age to apply.

PERMISSION TO PLAY 2007-2008:

Authorization to participate in The City of Somerville Recreation Commission Programs, Medical Consent, and Disclosure of Medical Information:

As parent/guardian, I
authorize _____ (child) to
participate in the City of Somerville Recreation
Commission (SRC) and SRC sponsored events. I
understand that this event is non-essential,
voluntary and not mandatory.

*By signing in the space provided
below, I understand that there are inherent
risks in the activities of the SRC and I agree
to release and hold harmless the City of
Somerville from liability and loss occurring
in connection with my child's participation in
SRC and SRC sponsored events. I hereby
agree to waive future claims against the City
of Somerville, SRC and its employees, agents
and assigns.*

*In the event that my child/ward
becomes seriously ill or injured, I consent to
the administration of emergency
procedures/treatment upon advice and
general of specific supervision of an
attending hospital/physician. The emergency
procedures/treatments may include, but are
not limited to anesthesia, x-rays, medical or
surgical diagnosis, etc. However, I
understand that the staff of SRC will make
every reasonable effort to immediately
contact me, in the first instance, when such
illness or injury occurs.*

*As described below, my child/ward
has the following medical conditions and is
taking the following medications. I
understand that I am obligated to update this
information.*

*Circle all that apply and describe in detail.
(Use separate page if necessary). Asthma,
Heart, Lungs, Epilepsy, Muscular/Bone
Injuries, recent exposure to Chicken Pox or
other contagious illnesses/diseases, other
(explain): _____*

*My Child/Ward is taking the following
medication
(s): _____*

*I understand the contents of this
authorization, medical consent and liability
release and am aware that if I make any
alterations to this form, it shall be rendered
void and incomplete and my child/ward shall
not be allowed to participate in this program.*

*Further, I agree to allow my child to
be photographed for publicity purposes. I
will not hold the City of Somerville SRC, and
its employees, agents and assigns responsible
in case of accident or injury as a result of
such participation.*

Signature of Parent/Guardian

Date

**PLEASE MAIL OR BRING THIS
FORM IN ALONG WITH PAYMENT**

Application

- ☐ 8 & 9 year olds (9:30 am – 10:45 am)
☐ 10 & 11 year olds (10:45 am – 12:00 pm)
☐ 12 & 13 year olds (12:30 pm – 1:45 pm)
☐ 14 – 16 year olds (2:00 pm – 3:15 pm)

Child Name (Last, First): _____

Street: _____

City: _____

State: _____ Zip Code: _____

Date of Birth: _____ Current Age: _____

Current School: _____

Grade in 2007-2008: _____

Phone (Cell/Home): _____

Email: _____

Parent/Guardian Name (Last, First): _____

Email: _____

Phone (Work): _____

Phone (Cell/Home): _____

Employer: _____

Method of Payment/Amount:

☐ Cash ☐ Check Enclosed _____

Amount: _____

**Make check payable and Mail Application to:
Somerville Recreation •**

19 Walnut Street • Somerville, MA 02143

For Office Use Only:

Payment Complete: Yes or No

Remaining Balance: _____

Scholarship Recipient: Yes or No

Amount of Scholarship: _____

Jersey Size _____